

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ER	70029	11/8
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

### INDEX OF CLAIMS

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 9 actions staple additional sheet here  
 staple additional sheet here

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